



*"Greater Love Hath No Man Than This,
That A Man Lay Down His Life For His
Friends."
-St. John 15.-13*

**Virginia Association of Volunteer Rescue Squads, Incorporated ("VAVRS")
Release/Waiver of Liability for Participation in Training Programs and/or Competitions**

I understand and agree as follows:

Certain types of emergency medical services/rescue training and competitions are inherently hazardous and dangerous activities, and events and activities related to or associated with such training and/or competitions can expose me to hazards and risks, both natural and artificial, that may result in harm, damage, personal injuries or death.

My participation in VAVRS sponsored training or competitions are entirely voluntary and I understand that I undertake such activity freely with full knowledge of risks involved. I assume all risk associated with such activity.

I further acknowledge that VAVRS is a charitable organization and by participating in VAVRS sponsored training or competitions I become and will be an intended beneficiary of its charitable services.

I will obey and comply with all rules and regulations or instructions given by both VAVRS, and its instructors or competition directors. I have a duty to ask questions and clarify any rules, regulations, or instructions if I do not understand, fully comprehend, or have any doubts about them or any part of them.

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT WHICH IS INTENDED TO PROVIDE A COMPREHENSIVE RELEASE OF LIABILITY, BUT IS NOT INTENDED TO ASSERT ANY CLAIMS OR DEFENSES WHICH ARE PROHIBITED BY LAW. By signing this Release/Waiver, you give up any right you may have to bring an action to recover compensation or obtain any other remedy for any injury to yourself or your property or for any death however caused arising out of participation in VAVRS sponsored training and/or competitions, now or in the future. This Release/Waiver shall operate for the benefit of the VAVRS, itself, as well as its training instructors and competition directors, leaders and workers.

I REPRESENT AND ACKNOWLEDGE THAT I HAVE READ THIS ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY AND FULLY UNDERSTAND EACH AND EVERY PROVISION AND THAT I AM SIGNING THIS AGREEMENT OF MY OWN FREE WILL.

Participant Name:

Printed: _____ Signature: _____

Participant Name:

Printed: _____ Signature: _____

EMERGENCY CONTACT INFORMATION:

NAME: _____ RELATIONSHIP _____

BEST TELEPHONE NUMBER TO CONTACT THEM: _____

EMERGENCY CONTACT INFORMATION:

NAME: _____ RELATIONSHIP _____

BEST TELEPHONE NUMBER TO CONTACT THEM: _____

State Headquarters • Training Center
P.O. Box 279 Oilville, Virginia 23129-0279
(804) 749-8191 (800) 833-0602 FAX (804) 749-8910
Website: www.vavrs.com E-mail: vavrs@vavrs.com

VAVRS TREAT AND RELEASE FORM
 To be filled out by Instructor or Instructor Trainer
 For ALL injured students

Patient Name:	Date:
Address:	Time of Patient Contact:
City: State: Zip Code:	Time of Patient Release:
Age: DOB:	Best Telephone Number Contact Student:
Social Security Number:	Location of Incident:

Medical History: _____

Medications: _____

Allergies: _____

Chief Complaint: _____

History of Present Injury/Illness: _____

Physical Exam: _____

Clinical Assessment: _____

Treatment Provided: _____

Education Provided: _____

Time	LOC	Pulse	Respiration	BP	Pupils	Pain Scale (1-10)	Other

Please be advised that the evaluation and treatment has been provided to you by Emergency Medical Services and not a physician. Follow up medical evaluation and/or treatment should be obtained by calling your doctor or by going to any hospital Emergency Department. If your condition worsens or does not resolve do not hesitate to call 911.

Patient or Guardian Printed Name: _____

Patient or Guardian Signature: _____

